

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90185 040 ***150.00

DOCUMENT # J18454

1. Entity Name
CHARLES T. BECKER, P.A.



Principal Place of Business
~~1928 S. PATRICK DRIVE~~
INDIAN HARBOUR BEACH FL 32937-4417
US

Mailing Address
~~1928 S. PATRICK DRIVE~~
INDIAN HARBOUR BEACH FL 32937-4417
US



2. Principal Place of Business
1815 S. Patrick Drive

3. Mailing Address
1815 S. Patrick Drive

☐ CHECK HERE IF MAKING CHANGES

City & State
Indian Harbour Beach FL

4. FEI Number **59-2694940**
Applied For: ☐ Not Applicable

Zip Country
32937 Brevard

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BECKER, CHARLES T.
~~1928 S. PATRICK DRIVE~~
INDIAN HARBOUR BEACH FL 32937

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1815 S. Patrick Drive
Indian Harbour Beach
City **FL** Zip Code **32937**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Charles T. Becker* *Oliver R* *2-19-03*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BECKER, CHARLES T. 1928 S PATRICK DR <i>1815 S. Patrick Dr</i> INDIAN HARBOUR BEACH FL 32937 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles T. Becker* *Oliver R* *2-19-03* *321-773-2111*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/2003-1 AV

CR2E034 (10/02)

Attachment

90034610
518454

Address
Charges
of

3.3.03